

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50266

1. Entity Name

ICHETUCKNEE RIVER BAPTIST CHURCH, INC.

Principal Place of Business

25811 CR 137
O'BRIEN FL 32071-9723
US

Mailing Address

25811 CR 137
O'BRIEN FL 32071-9723
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2958122

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SNIPES, MARVIN
25811 CR 137
O'BRIEN FL 32071-9723

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE T ☐ Delete
NAME BOSSERMAN, TERRY
STREET ADDRESS 3339 216TH ST.
CITY-ST-ZIP LAKE CITY FL 32024

TITLE D ☐ Delete
NAME REISER, FRANK
STREET ADDRESS 25058-25TH PLACE
CITY-ST-ZIP O'BRIEN FL 32071

TITLE T ☒ Delete
NAME RICE, ROBERT A
STREET ADDRESS RR3, BOX 5792
CITY-ST-ZIP FORT WHITE FL 32038

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Tyeaeger michael
STREET ADDRESS Rt 2 Box 6104
CITY-ST-ZIP Ft. White, FL 32038

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FRANK REISER SIGNATURE REQUIRED *Reiser (D.)* 1-7-01 904-935-3324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90021 014 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)